

**CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD
CENTRAL COAST REGION**

NOTICE OF INTENT

**TO COMPLY WITH THE TERMS OF THE
GENERAL PERMIT FOR DISCHARGES WITH LOW THREAT TO WATER QUALITY
(NPDES PERMIT No. CAG993001, WDR ORDER No. 01-119)**

MARK ONLY ONE ITEM	1. <input type="checkbox"/> Existing Facility	3. <input type="checkbox"/> Change of Information	WDID #
	2. <input type="checkbox"/> New Facility		

I. OWNER/OPERATOR

Name:		Owner/Operator Type (Check one): <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Special District <input type="checkbox"/> Gov. Combo <input type="checkbox"/> Private	
Mailing Address:			
City:	State:	Zip:	Phone:
Contact Person:		<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Owner/Operator	
Email Address:		FAX:	

II. FACILITY/SITE INFORMATION

Facility Name:		County:	
Street Address:		Contact Person:	
City:	State:	Zip:	Phone:
Email Address:		FAX:	

III. BILLING ADDRESS

Send to: <input type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> FACILITY <input type="checkbox"/> OTHER (Enter information at right)	Name:		
	Mailing Address:		
	City:	State:	Zip:

STATE USE ONLY

WDID: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	Regional Board Office _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	Date Permit Issued: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	
NPDES Permit Number: CAG993001	Order Number:	Fee Amount Received: \$	Date NOI Received:

IV. DISCHARGE INFORMATION

Flow volume (GPD):	Description of discharge and constituents:		
Flow rate (GPM):			
Frequency & duration of discharge:			
<p>A. Source of discharges (check all that apply) and attach a diagram of water flow through this facility:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> 1. <input type="checkbox"/> Well installation, development, test pumping and purging 2. <input type="checkbox"/> Maintenance of water supply wells, pipelines, tanks, etc. 3. <input type="checkbox"/> Hydrostatic testing of water supply vessels, pipelines, tanks, etc. 4. <input type="checkbox"/> Disinfection of water supply pipelines, tanks, reservoirs, etc. 5. <input type="checkbox"/> Water supply system failures, pressure releases, etc. 6. <input type="checkbox"/> Fire hydrant testing or flushing 7. <input type="checkbox"/> Cooling tower water </td> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> 8. <input type="checkbox"/> Pool water 9. <input type="checkbox"/> Evaporative condensate 10. <input type="checkbox"/> Desalination brines 11. <input type="checkbox"/> Seafood processing wash water 12. <input type="checkbox"/> Bilge water 13. <input type="checkbox"/> Other (describe below) </td> </tr> </table> <p>Describe: _____</p>		<ul style="list-style-type: none"> 1. <input type="checkbox"/> Well installation, development, test pumping and purging 2. <input type="checkbox"/> Maintenance of water supply wells, pipelines, tanks, etc. 3. <input type="checkbox"/> Hydrostatic testing of water supply vessels, pipelines, tanks, etc. 4. <input type="checkbox"/> Disinfection of water supply pipelines, tanks, reservoirs, etc. 5. <input type="checkbox"/> Water supply system failures, pressure releases, etc. 6. <input type="checkbox"/> Fire hydrant testing or flushing 7. <input type="checkbox"/> Cooling tower water 	<ul style="list-style-type: none"> 8. <input type="checkbox"/> Pool water 9. <input type="checkbox"/> Evaporative condensate 10. <input type="checkbox"/> Desalination brines 11. <input type="checkbox"/> Seafood processing wash water 12. <input type="checkbox"/> Bilge water 13. <input type="checkbox"/> Other (describe below)
<ul style="list-style-type: none"> 1. <input type="checkbox"/> Well installation, development, test pumping and purging 2. <input type="checkbox"/> Maintenance of water supply wells, pipelines, tanks, etc. 3. <input type="checkbox"/> Hydrostatic testing of water supply vessels, pipelines, tanks, etc. 4. <input type="checkbox"/> Disinfection of water supply pipelines, tanks, reservoirs, etc. 5. <input type="checkbox"/> Water supply system failures, pressure releases, etc. 6. <input type="checkbox"/> Fire hydrant testing or flushing 7. <input type="checkbox"/> Cooling tower water 	<ul style="list-style-type: none"> 8. <input type="checkbox"/> Pool water 9. <input type="checkbox"/> Evaporative condensate 10. <input type="checkbox"/> Desalination brines 11. <input type="checkbox"/> Seafood processing wash water 12. <input type="checkbox"/> Bilge water 13. <input type="checkbox"/> Other (describe below) 		
<p>B. Discharge location:</p> <p>Address: _____</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border-bottom: 1px solid black;">Township/Range/Section: T _____, R _____, Sec. _____, _____ B&M</td> <td style="width: 40%; border-bottom: 1px solid black;">Latitude _____ Longitude _____</td> </tr> </table> <p>Attach a map showing the discharge site, receiving waters, other nearby surface waters, nearby wells & residences, treatment system, etc.</p>		Township/Range/Section: T _____, R _____, Sec. _____, _____ B&M	Latitude _____ Longitude _____
Township/Range/Section: T _____, R _____, Sec. _____, _____ B&M	Latitude _____ Longitude _____		

V. RECEIVING WATER INFORMATION

<p>A. Does your facility discharge to (Check one):</p> <ul style="list-style-type: none"> 1. <input type="checkbox"/> Storm drain system - Enter owner's name: _____ 2. <input type="checkbox"/> Directly to waters of U.S. (e.g., river, lake, creek, ocean) 3. <input type="checkbox"/> Indirectly to waters of U.S.
<p>B. Name of closest receiving water: _____</p>

VI. LAND DISPOSAL/RECLAMATION

<p>The Water Quality Control Plan encourages reuse/reclamation or land disposal of wastewater where practical. You must evaluate and rule out this alternative prior to any discharge to surface water under this General Permit.</p>
<p>Is land disposal/reclamation feasible? Yes _____ No _____ (explain on separate sheet)</p>

VII. FEES

<p>A check payable to the State Water Resources Control Board in the amount of \$400 (or appropriate current fee) must be submitted.</p>
--

VIII. CERTIFICATIONS

<p>"I certify under penalty of law that this document and all attachments were prepared under my direction and supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment." In addition, I certify that the provisions of the permit and the Monitoring Program, will be complied with.</p>
<p>Printed Name: _____ Title: _____</p>
<p>Signature: _____ Date: _____</p>